

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ _____

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference 402907WO	
International application No. PCT/EP2004/012955	International filing date (day/month/year) 12 November 2005
(Earliest) Priority date (day/month/year) 28 November 2003	
Title of invention Call completion in an internet call waiting environment	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) KONINKLIJKE KPN N.V. Maanplein 55 2516 CK THE HAGUE The Netherlands	
Telephone No. +31 70 4460678	
Facsimile No. +31 70 4460840	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) SPROKKEREEF Ronald Beatrixplantsoen 90 2104 SV HEEMSTEDE The Netherlands	
State (that is, country) of nationality: NL	State (that is, country) of residence: NL
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
State (that is, country) of nationality:	State (that is, country) of residence:
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*WUYTS Koenraad Maria
Koninklijke KPN N.V.
P.O. Box 95321
2509 CH THE HAGUE
The Netherlands

Telephone No.

+31 70 4460678

Facsimile No.

+31 70 4460840

Teleprinter No.

Agent's registration No. with the Office

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA to postpone the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d).4. ☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|--------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (<i>specify</i>) | : | sheets |

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received	not received
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- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

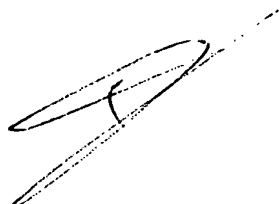
The demand is also accompanied by the item(s) marked below:

- | | |
|---|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listing in electronic form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in electronic form related to a sequence listing |
| 4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

WUYTS Koenraad Maria


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1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.
- ☐ The applicant has been informed accordingly.
4. ☐ The date of receipt of the demand is WITHIN the time limit of 19 months from the priority date as extended by virtue of Rule 80.5.
5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

6. ☐ The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
7. ☐ The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
8. ☐ Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

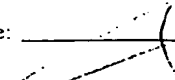
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Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/EP2004/012955	For International Preliminary Examining Authority use only
Applicant's or agent's file reference 402907WO	Date stamp of the IPEA
Applicant KONINKLIJKE KPN N.V.	
CALCULATION OF PRESCRIBED FEES	
1. Preliminary examination fee	<div style="border: 1px solid black; padding: 2px;">EUR 1530.-- P</div>
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	<div style="border: 1px solid black; padding: 2px;">EUR 129.-- H</div>
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; padding: 2px;">EUR 1659</div> <div style="border: 1px solid black; padding: 2px; margin-top: 2px;">TOTAL</div>
MODE OF PAYMENT	
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>	
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ <u>EPO</u>
<input checked="" type="checkbox"/> <i>(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: <u>2 809 0011</u>
	Date: <u>June 2005</u>
	Name: <u>K.M. Wuyts</u>
	Signature: <u></u>

1 **ALLGEMEINE VOLLMACHT
GENERAL AUTHORISATION
POUVOIR GENERAL**

AV Nr. (bitte bei jeder Korrespondenz angeben)
GA No. (please quote in all correspondence)
PG n° (prière de mentionner dans toute correspondance)

21396 Lex)

2 Ich (Wir) / I (We) / Je (Nous)

Koninklijke KPN N.V.
Maanplein 55
2516 CK The Hague
The Netherlands

Koninklijke KPN N.V.
Intellectual Property Group
P.O. Box 95321
2509 CH The Hague
The Netherlands

3 bevollmächtigt(n) hiermit / do hereby authorise / autorise (autorisons) par la présente

the following employee of Koninklijke KPN N.V.

Wuyts, Koenraad Maria (Professional Representative)

Mailing address : Koninklijke KPN N.V.
Intellectual Property Group
P.O. Box 95321
2509 CH The Hague
The Netherlands

4 mich (uns) in den durch das Europäische Patentübereinkommen geschaffenen Verfahren in allen meinen (unseren) Patentangelegenheiten zu vertreten, alle Handlungen für mich (uns) vorzunehmen und Zahlungen für mich (uns) in Empfang zu nehmen.
to represent me (us) in all proceedings established by the European Patent Convention and to act for me (us) in all patent transactions and to receive payments on my (our) behalf.

à me (nous) représenter pour ce qui concerne toutes mes (nos) affaires de brevet dans toute procédure instituée par la Convention sur le brevet européen et, à ce titre, à agir en mon (notre) nom et à recevoir des paiements pour mon (notre) compte.

☐ Die Vollmacht gilt auch für Verfahren nach dem Vertrag über die internationale Zusammenarbeit auf dem Gebiet des Patentwesens.
This authorisation shall also apply to the same extent to any proceedings established by the Patent Cooperation Treaty.
Ce pouvoir s'applique également à toute procédure instituée par le Traité de coopération en matière de brevets.

☐ Weitere Vertreter sind auf einem gesonderten Blatt angegeben. / Additional representatives indicated on supplementary sheet.
Les autres mandataires sont mentionnés sur une feuille supplémentaire.

5 ☐ Untervollmacht kann erteilt werden. / Sub-authorisation may be given. / Le pouvoir pourra être délégué.

6 ☐ Bitte die gelbe Kopie, ergänzt um die Nr. der allgemeinen Vollmacht, an den Vollmachtgeber zurücksenden.
Please return the yellow copy, supplemented by the General Authorisation No., to the authorisor.
Prière de renvoyer la copie jaune au mandant, munie du n° du pouvoir général.

Ort / Place / Lieu

Datum / Date

Unterschrift(en) / Signature(s)

09-06-2004

K.M. Wuyts (Head Intellectual Property Group)

7 Das Formblatt muß vom (von den) Vollmachtgeber(n) (bei juristischen Personen vom Unterschriftsberechtigten) eigenhändig unterzeichnet sein. Nach der Unterschrift bitte den (die) Namen des (der) Unterzeichneten mit Schreibmaschine wiederholen (bei juristischen Personen die Stellung des Unterschriftsberechtigten innerhalb der Gesellschaft angeben).

The form must bear the personal signature(s) of the authorisor(s) (in the case of legal persons, that of the officer empowered to sign). After the signature, please type the name(s) of the signatory(ies) adding, in the case of legal persons, his (their) position within the company.

Le formulaire doit être signé de la propre main du (des) mandant(s) (dans le cas de personnes morales, de la personne ayant qualité pour signer). Veuillez ajouter à la machine, après la signature, le (les) nom(s) du (des) signataire(s) en mentionnant, dans le cas de personnes morales, ses (leurs) fonctions au sein de la société.